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CONFIRMATION NO. 5458

SERIAL NUMBER 10/711,459	FILING DATE 09/20/2004 RULE	CLASS 400	GROUP ART UNIT 2854	ATTORNEY DOCKET NO. 1589.15

APPLICANTS

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** CONTINUING DATA **********************

This appln claims benefit of 60/504,289 09/19/2003

** FOREIGN APPLICATIONS **********************

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 10/20/2004

** SMALL ENTITY **

Foreign Priority claimed ☐ yes ☑ no	STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met ☐ yes ☐ no ☐ Met after Allowance				
Verified and Acknowledged Examiner's Signature Initials				

ADDRESS
21901
SMITH & HOPEN PA
15950 BAY VISTA DRIVE
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CLEARWATER , FL
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TITLE
Braille Input Device

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	☐ All Fees
		☐ 1.16 Fees (Filing)
		☐ 1.17 Fees (Processing Ext. of time)
		☐ 1.18 Fees (Issue)
		☐ Other _____
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